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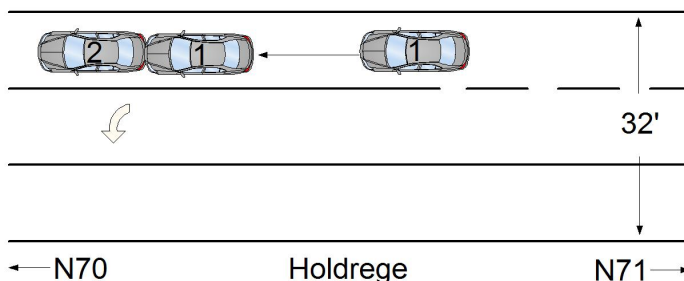
State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 043	Agency Case No. B5-107323	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input checked="" type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	11/17/2015		(In Military Time) TIME OF ACCIDENT 1436		STATE USE ONLY  11/17/2015
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1438	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Holdrege N70-N71		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
2	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES		N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
V1/M	50.00		X		N 70 Street	
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
01	MILES		N S E W	AND MILES		N S E W
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES		S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO
2	VEHICLE NO. 1					
F	DRIVER LICENSE NO.	H13471100		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	DRIVER AUGUSTUS J HUSEN		PHONE 4022093959		LOCAL NO.	
V2/N	DRIVER ADDRESS 5311 Walker, LINCOLN, NE 68504		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	04/07/1995
G	OWNER Augustus J Husen		PHONE 4022093959		LOCAL NO.	
2	OWNER ADDRESS 5311 Walker, lincoln, NE 68504		CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB493132
H	LICENSE PLATE NO.	Intransit		YEAR (Plate Expires)	STATE (Of Plate)	
5	VEHICLE	1992	Volvo	MODEL 940	BODY STYLE Station wagon	COLOR red
V1/O	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 0		INSURANCE COMPANY Progressive			
1	VEHICLE ID NO. (VIN)	YV1JW870XN2028370		POLICY NO. 902064472		
V2/O	TOWED TO		TOWED BY		POLICY NO. 902064472	
2	VEHICLE NO. 2					
I	DRIVER LICENSE NO.	MAINAJM168BU		STATE (Of License)	WA	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P	DRIVER Jamlick M Maina		PHONE 402-405-9198		LOCAL NO.	
V2/P	DRIVER ADDRESS 2380 N 44 #9, Lincoln, NE 68504		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	01/31/1984
1	OWNER Maina M Jamlick / Mbathia N Rose		PHONE 402-405-9198		LOCAL NO.	
J	OWNER ADDRESS 2380 N 44 #9, Lincoln, NE 68504		CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.
V1/Q	LICENSE PLATE PA NO.	TSH602		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/Q	VEHICLE	2002	Mitsubishi	MODEL Diamante	BODY STYLE 4 door Sedan	COLOR white
4	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1100		INSURANCE COMPANY Geico			
K	VEHICLE ID NO. (VIN)	6MMAP67PX2T006482		POLICY NO. 4325860296		
01	TOWED TO		TOWED BY		POLICY NO. 4325860296	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)		1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
VEH. #	NAME		ADDRESS			
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME		ADDRESS			
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME		ADDRESS			
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Vehicle one was Westbound on Holdrege between N70 & N71 Street and impacted the rear of vehicle two which was stopped in traffic in front of him going the same direction. The driver of vehicle one said he was stopped in traffic behind vehicle two, observed other vehicles beginning to go forward, let off the brake and impacted the rear of vehicle two. The driver of vehicle two said he was stopped in traffic and observed rear impact from vehicle one.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME			ADDRESS	PHONE
	NAME			ADDRESS	PHONE

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA		AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2	1	
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME												
1				X	Holdrege		4		2		ALCOHOL TESTING		Driver No. 1	Driver No. 2	Pedestrian		
2				X	Holdrege		4		2		ALCOHOL LEVEL TESTED		Y	Y	Y		
1	01				06 Turning left		POINT OF IMPACT 01		POINT OF IMPACT 05		BAC LEVEL						
2	11				07 Making U-turn		MOST DAMAGED AREA 01		MOST DAMAGED AREA 05		ALCOHOL / DRUGS SUSPECTED		Driver No. 1	Driver No. 2			
					08 Entering traffic lane		00 None		02 03 04		1 Neither alcohol nor drugs suspected						
					09 Leaving traffic lane		09 Top & windows		01 05		2 Yes - alcohol suspected						
					10 Parked		10 Undercarriage		08 07 06		3 Yes - drugs suspected						
					11 Slowing or stopped in traffic		11 Total (all areas)				4 Yes - alcohol & drugs suspected						
					12 Other		12 Other				5 Unknown						
					13 Unknown												
OFFICER NO.					TROOP / TEAM / BEAT		DEPARTMENT				Photographs taken?		YES NO				
1517					2		Lincoln Police Department										
INVESTIGATOR NAME (Print or Type)							INVESTIGATOR SIGNATURE							DATE OF REPORT		11/17/2015	
David Wunderlich							Approved by Officer David Wunderlich										